



# DUR Capsules

News and Information for West Virginia Providers from the West Virginia Bureau for Medical Services (WVBS)

## PDL Changes as of April 1, 2009

The table below, and continuing on page 4, lists changes to the West Virginia Medicaid PDL as of April 1, 2009. Non-preferred agents require prior authorization by contacting the Rational Drug Therapy Program at 1-800-847-3859. The complete PDL and prior authorization criteria for non-preferred drugs can be accessed at the link below: [http://www.wvdhhr.org/bms/sPharmacy/bms\\_Pharmacy\\_main.asp](http://www.wvdhhr.org/bms/sPharmacy/bms_Pharmacy_main.asp)

Therapeutic Class	Drug	Status
Acne Agents, Topical	Aczone <i>new brand drug</i>	Non-preferred
Alzheimer's Agents	galantamine <i>new generic</i>	Non-preferred
Analgesics, Short Acting	Xolox (oxycodone/APAP) <i>new brand drug</i>	Non-preferred
Analgesics, Topical (New category)	capsaicin, lidocaine, lidocaine/prilocaine, xylocaine	Preferred
	Emla (lidocaine/prilocaine), Flector Patch (diclofenac), Lidoderm Patch, LidaMantle/LidaMantle HC, LMX 4, Synera (lidocaine/tetracaine), Voltaren Gel, Zostrix (capsaicin)	Non-preferred
Anticonvulsants	lamotrigine, levetiracetam	Preferred
	Banzel (rufinamide) <i>new brand drug</i> , Lamictal (lamotrigine), Keppra (levetiracetam)	Non-preferred
Antiemetics	Sancuso (granisetron) <i>new brand drug</i>	Non-preferred
Antipsychotics	Risperdal solution	Preferred
	risperidone solution	Non-preferred
Bone Resorption Suppression Agents	calcitonin <i>new generic form</i>	Non-preferred

"PDL Changes" table continued on Page 4.

**The following new drugs will be reviewed at the next Pharmacy and Therapeutics Committee meeting scheduled for April 29, 2009.**

Divalproex ER *new generic form*  
 Trilipix (fenofibrate) *new brand drug*  
 Apriso (mesalamine) *new brand drug*  
 Kadipex (dexlansoprazole) *new brand drug*  
 Rapaflo (silodosin) *new brand drug*

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## Clinical Web Portal Coming Soon



West Virginia Medicaid has recognized that the most effective means for controlling costs also produces the most desirable outcomes for Medicaid recipients. Towards that end, West Virginia has been awarded several Medicaid Transformation Grants from the Centers for Medicare and Medicaid Services (CMS). One of these grants provides funding to develop what is referred to as a Clinical Web Portal. This is a secure web based interface that allows prescribers and pharmacists to access an individual patient's drug and diagnosis history over the previous 24 months. With access to both current and historical claims data, providers will be able to more accurately determine previous and current drug therapy, thus avoiding duplicate therapy and potential drug interactions. This portal can also serve as a means for prescribers to submit a prior authorization request directly through the web portal to the Prior Authorization Help Desk for processing. The system will be available in the coming months.

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## Electronic Prescribing (E-Prescribing) on the Horizon

Once the Clinical Web Portal is in place, plans are to utilize this platform as an input mechanism to develop and implement a system for electronic prescribing, often referred to as e-prescribing. E-prescribing is the process of using an automated data entry system to generate a prescription in place of writing a prescription by hand. An electronic system would increase prescription accuracy and reduce potential medication errors. Input screens are under development to securely capture prescription information and electronic signatures and transmit that information directly to the pharmacy selected by the patient through an interface with the third-party e-prescribing network (e.g. RxHub). Target dates for the development of the system are third quarter 2009.

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## Atypical Antipsychotic Agent Dose Optimization

The West Virginia Medicaid Program has in place dose optimization limitations for atypical antipsychotic drugs. The price of individual dosage units of these agents varies from one dosage unit to another. For example, the cost of two 5mg tablets of a specific drug may substantially exceed the cost of one 10mg tablet. Safety and efficacy are of primary concern. However, savings achieved by utilizing the most cost effective regimen, indicated and approved by the FDA, can be significant and benefit the Program without interfering with efficacy. These requirements both improve compliance and reduce unnecessary costs. If dosing outside the FDA guidelines is required for specific clinical reasons, please contact the Rational Drug Therapy Program at 1-800-847-3859.

## **Drug Utilization (DUR) Board**

The West Virginia Medicaid DUR Board was established under Federal regulations outlined in OBRA 1990. The DUR Board is responsible for monitoring and reviewing all prospective and retrospective DUR programs conducted by West Virginia Medicaid as well as reviewing any provider education programs. The DUR Board is also responsible for developing, reviewing and approving all prior authorization criteria for the use of non-preferred drugs.

It is the goal of the DUR Board to improve the quality of care for West Virginia Medicaid recipients through the most optimal clinical and cost effective use of drugs. Considerations are made to assure that drugs are appropriately prescribed, medically necessary, and not likely to result in adverse effects or unintended outcomes. The DUR Board is charged with making recommendations for educational interventions to prescribers and pharmacists to identify and reduce the frequency of patterns of fraud, abuse, gross overuse and inappropriate or medically unnecessary use.

Reviews are conducted of drugs or classes of drugs which are found to be either over-utilized, abused, have the potential for misuse, or have significant safety concerns. Based on a review by the DUR Board, a determination is made if prior authorization would be appropriate. If it is determined by the DUR Board that the prior authorization process should be implemented, appropriate criteria for approval are determined by the DUR Board with input from providers and other experts. The DUR Board then makes recommendations for prior authorization criteria to the Bureau for Medical Services.

The DUR Board is currently comprised of 15 members who are actively practicing healthcare professionals, including physicians, pharmacists, nurse practitioners and physician assistants. Special recognition should be given to the outgoing Chairperson, Daniel Dickman MD, who served in this office for the past 4 years. Ernest Miller, DO is the newly elected Chairperson. Meetings are held quarterly. More information about the DUR Board and meetings can be found at.

[http://www.wvdhhr.org/bms/sPharmacy/bms\\_Pharmacy\\_main.asp](http://www.wvdhhr.org/bms/sPharmacy/bms_Pharmacy_main.asp).

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## **Retrospective Drug Utilization Review (RetroDUR) Committee**

In addition to the Drug Utilization Review Board, West Virginia Medicaid also utilizes a Retrospective Drug Utilization Review (RetroDUR) Committee. This committee is a sub-committee of the Drug Utilization Review Board. The RetroDUR Committee is comprised of actively practicing healthcare professionals who meet monthly to review individual members' prescription and diagnosis history profiles which have been identified for drug utilization issues. West Virginia Medicaid contracts with Health Information Designs (HID) to provide profiles for review that have clinical exceptions to standard guidelines or are referred to the agency. The purpose of these reviews is to reduce inappropriate utilization and avoid potential adverse drug-drug or drug-disease interactions. Physicians and pharmacists are notified in the form of an education letter when potential problems are identified.

The RetroDUR Committee also reviews patient profiles for those patients who appear to be utilizing excessive quantities of controlled substances as part of the pharmacy lock-in program. The lock-in program alerts prescribers and pharmacies if excessive use of controlled substances appears to be occurring without adequate clinical justification. After repeated attempts to change patient behavior fail, patients can be restricted to having all of their prescriptions filled at a single pharmacy (locked in). The RetroDUR Committee, along with clinical staff at HID, provide recommendations to the Bureau for Medical Services as to which patients should be considered for pharmacy lock-in. If a patient is restricted to a single pharmacy, annual reviews of the patient's utilization of controlled drugs is performed by the RetroDUR Committee to determine if the single pharmacy restriction should be removed.

# PDL Changes as of April 1, 2009 (Continued)

Therapeutic Class	Drug	Status
Cephalosporins and related antibiotics	Moxatag	Non-preferred
Glucocorticoids, Inhaled	Flovent Diskus (fluticasone)	Preferred
	budesonide	Non-preferred
Intranasal Rhinitis Agents	Astepro <i>new brand drug</i>	Non-preferred
Lipotropics, other	Trilipix (fenofibrate) <i>new brand drug</i>	Non-preferred
Musculoskeletal Agents, Acute (new category)	chlorzoxazone, cyclobenzaprine, methocarbamol, orphenadrine, orphenadrine/ASA/caffeine	Preferred
	Amrix, carisoprodol, carisoprodol/ASA, carisoprodol/ASA/codeine, Fexmid, Flexeril, Skelaxin, Soma, Soma compound (carisoprodol/ASA), Soma compound/w codeine	Non-preferred
Musculoskeletal Agents used for Spasticity (new category)	baclofen, dantrolene, tizanidine	Preferred
	Dantrium, Zanaflex	Non-preferred
Ophthalmic Anti-inflammatories	Durezol (difluprednate) <i>new brand drug</i>	Non-preferred
Phosphate Binders	Eliphos (calcium acetate) <i>new brand drug</i>	Non-preferred
Proton Pump Inhibitors	Kapidex <i>new brand drug</i>	Non-preferred
Pulmonary Antihypertensives-Endothelin Receptor Antagonists (new category)	Tracleer	Preferred
	Letairis	Non-preferred
Ulcerative Colitis Agents	Apriso (mesalamine) <i>new brand drug</i>	Non-preferred



The DUR Capsules is a quarterly newsletter published for West Virginia Medicaid Providers. Information concerning West Virginia Medicaid can be accessed online at [www.wvdhhr.org/bms](http://www.wvdhhr.org/bms)

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